

***ITEMIZATION OF DAMAGES***

***Markel Insurance Company Restitution Claim***

***0:23-cr-00193-PJS-LIB-1 US vs. Terry Jon Martin***

<b><i>Exhibit</i></b>	<b><i>Description</i></b>	<b><i>Total</i></b>
A	O'Toole-Ewald Art Associates	\$7,837.50
B	Valarie Jones Travel Expenses	\$626.82
C	Dave Washburn Travel Expenses	\$2,350.49
	<b>TOTAL</b>	<b>\$10,814.81</b>

# Exhibit A

## O'Toole-Ewald Art Associates, Inc.

**INVOICE**

274 Madison Avenue, Suite 1305  
 New York, NY 10016  
 (212) 989-5151  
 FAX: (212) 242-1629

<b>CLIENT:</b>  Valarie H. Jonas Dave Washburn, CPCU Markel – Claims 4600 Cox Road Glen Allen, VA 23060	<b>JOB DESCRIPTION:</b> Fair Market Value Appraisal of the Recovered Ruby Slippers  <b>FILE NUMBER:</b>  <b>CLAIM NUMBER:</b> P014042  <b>POLICY NUMBER:</b>  <b>TELEPHONE NUMBER:</b> (415) 490-4610 (Jonas) (804) 527-3820 (Washburn)  <b>EMAIL ADDRESS:</b> <u>Valarie.Jonas@markel.com</u> <u>Dave.Washburn@Markel.com</u>
<b>DATE:</b> April 5, 2019  <b>INVOICE NUMBER:</b> 12723  <b>APPRAISER:</b> Elin Lake-Ewald, Ph.D., ASA, FRICS	
<b>DESCRIPTION OF SERVICES:</b>  Onsite inspection/ Research/ Report compilation/ Travel time/ Direct expenses/ Travel expenses Flat Fee	<b>\$ AMOUNT:</b>  \$7,500.00
<b>TOTAL AMOUNT DUE:</b>	<b><u>\$7,500.00</u></b>
<p>Invoices payable in full upon receipt. Penalty charges 1½% for all unpaid invoices over 30 days. In the event it is necessary to hire an Attorney to collect any outstanding balance, you will be charged an additional amount for attorney fees incurred.</p> <p>TAX ID NO: 13-2933242</p> <p>Payment accepted by bank transfer. For details, contact Dionis Rodriguez at <a href="mailto:dir@otoole-ewald.com">dir@otoole-ewald.com</a></p> <p style="text-align: right;">Rev. February 15, 2018</p>	

## O'Toole-Ewald Art Associates, Inc.

## INVOICE

New York , London , Venice

183 Madison Avenue, Suite 806  
New York, NY 10016  
(212) 989-5151  
FAX: (212) 242-1629

<b>CLIENT:</b>  Jean Gardner, Esq. Schindel, Farman, Lipsius, Gardner & Rabinovich, LLP 14 Penn Plaza New York, New York 10122		<b>JOB DESCRIPTION:</b> Consultation Re: Ruby Slippers belonging to Michael Shaw  <b>FILE NUMBER:</b>  <b>CLAIM NUMBER:</b>  <b>POLICY NUMBER:</b>  <b>TELEPHONE NUMBER:</b> (212) 563-1710 ext 215  <b>FAX NUMBER:</b> (212) 695-6602
<b>DATE:</b> March 2, 2010  <b>INVOICE NUMBER:</b> 10772  <b>APPRAISER:</b> Elin Lake-Ewald, Ph.D., ASA, MRICS		
<b>DESCRIPTION OF SERVICES:</b> Research/ Contacts with Ruby Slipper experts-Total of 1 ½ hours		<b>\$ AMOUNT:</b>  \$337.50
<b>TOTAL AMOUNT DUE:</b>		<b>\$337.50</b>
<small>Invoices payable in full upon receipt. Penalty charges 1½% for all unpaid invoices over 30 days. In the event it is necessary to hire an Attorney to collect any outstanding balance, you will be charged an additional amount for attorney fees incurred. TAX ID NO: 13-2933242</small>		

# Exhibit B



# MARKEL CORPORATION

FOR 2016 TRAVEL REIMBURSEMENT

Name	MARKEL	Accounting Unit	Date
Valarie Jonas	1202	106891	July 27, 2018
Trip Location	Minneapolis	Employee HR #	Approver Signature
		307328	<i>See attached email</i>
Please put an "X" in ONE of the appropriate box.			Approver Printed Name
Domestic Travel	<input checked="" type="checkbox"/>	For all travel expense reimbursements please do not combine domestic, foreign or training costs in one reimbursement request	Shari Marke
Foreign Travel	<input type="checkbox"/>		
Training Travel	<input type="checkbox"/>		
Description of trip or event	Trip to Minneapolis re Ruby Slippers P014042		

Week 1	Date:	9-Jul-18	10-Jul-18						Week 2 Total	Total	Acct #
Taxi		\$125.00	\$125.00								
Rental Car Gas											
Tolls											
Parking											
Ground Trans.	Total:	\$125.00	\$125.00							\$250.00	652025 <input checked="" type="checkbox"/> D 652060 <input type="checkbox"/> F 652100 <input type="checkbox"/> T
Rental Car Expense											652029 <input type="checkbox"/> D 652061 <input type="checkbox"/> F 652105 <input type="checkbox"/> T
Personal Car Expense											
Miles Driven:											
\$0.540	Amount:										652028 <input type="checkbox"/> D/F 652110 <input type="checkbox"/> T
Commercial Air											652030 <input type="checkbox"/> D 652065 <input type="checkbox"/> F 652115 <input type="checkbox"/> T
Train											652027 <input type="checkbox"/> D/F 652100 <input type="checkbox"/> T
Hotel		\$299.10								\$299.10	652045 <input checked="" type="checkbox"/> D 652080 <input type="checkbox"/> F 652120 <input type="checkbox"/> T
Personal Meals	Breakfast:		\$12.47								
	Lunch:	\$12.13									
	Dinner:	\$25.36	\$27.76								
	Total:	\$37.49	\$40.23							\$77.72	652050 <input checked="" type="checkbox"/> D 652085 <input type="checkbox"/> F 652125 <input type="checkbox"/> T
Telephone											654005 <input type="checkbox"/> D/F 652130 <input type="checkbox"/> T
Marketing/Conventions											653070 <input type="checkbox"/> D/F
Entertainment											
Fill Out Entertainment/Other Expense form											652055 <input type="checkbox"/> D/F 652090 <input type="checkbox"/> F
Other Expenses											<input type="checkbox"/> D/F
Fill Out Entertainment/Other Expense form											
Total Expenses										\$626.82	
Adjustments											
Amount Due										\$626.82	

By signing this expense reimbursement form, you confirm compliance with the Corporate expense reimbursement policy, the Corporate Vehicle Usage Policy and the travel-related paragraph of the Use of Wireless Communications Devices Policy for auto related expenses found on the Policy tab of this worksheet.

Employee  
Signature: *Valarie Jonas*

Send Check to:

Valarie Jonas, San Francisco

Department:

Claims counsel

# Exhibit C





## MARKEL CORPORATION

FOR 2019 TRAVEL REIMBURSEMENT

Name	Dave Washburn	1202	Accounting Unit	106853	Date	March 8, 2019
Trip Location	Minneapolis, MN		Employee HR #	300362	Approver Signature	<i>[Signature]</i>
Please put an "X" in ONE of the appropriate box.					Approver Printed Name	Steve Boesen
Domestic Travel	<input checked="" type="checkbox"/>		For all travel expense reimbursements please do not combine domestic, foreign or training costs in one reimbursement request.			
Foreign Travel	<input type="checkbox"/>					
Training Travel	<input type="checkbox"/>					
Description of trip or event	Travel related to continued handling of claim #P014042					

Week 1	Date:	14-Feb-19	15-Feb-19					Week 2 Total	Total	Acct #
Taxi		\$94.56	\$117.44							
Rental Car Gas										
Tolls										
Parking		\$12.00	\$12.00							
Ground Trans.	Total:	\$106.56	\$129.44						\$236.00	652025 <input checked="" type="checkbox"/> D 652060 <input type="checkbox"/> F 652100 <input type="checkbox"/> T
Rental Car Expense										652029 <input type="checkbox"/> D 652061 <input type="checkbox"/> F 652105 <input type="checkbox"/> T
Personal Car Expense	Miles Driven:	50.0	50.0							
	Amount:	\$29.00	\$29.00						\$58.00	652028 <input checked="" type="checkbox"/> D/F 652110 <input type="checkbox"/> T
Commercial Air		\$30.00	\$30.00						\$60.00	652030 <input checked="" type="checkbox"/> D 652065 <input type="checkbox"/> F 652115 <input type="checkbox"/> T
Train										652027 <input type="checkbox"/> D/F 652100 <input type="checkbox"/> T
Hotel		\$107.60							\$107.60	652045 <input checked="" type="checkbox"/> D 652080 <input type="checkbox"/> F 652120 <input type="checkbox"/> T
Personal Meals	Breakfast:		\$19.00							
	Lunch:	\$20.00	\$24.00							
	Dinner:	\$25.00	\$25.00							
	Total:	\$45.00	\$68.00						\$113.00	652050 <input checked="" type="checkbox"/> D 652085 <input type="checkbox"/> F 652125 <input type="checkbox"/> T
Telephone										654005 <input type="checkbox"/> D/F 652130 <input type="checkbox"/> T
Marketing/Conventions										653070 <input type="checkbox"/> D/F
Entertainment										
Fill Out Entertainment/Other Expense form										652055 <input type="checkbox"/> D/T 652090 <input type="checkbox"/> F
Other Expenses										<input type="checkbox"/> D/F
Fill Out Entertainment/Other Expense form										
Total Expenses									\$574.60	
Adjustments										
Amount Due									\$574.60	

By signing this expense reimbursement form, you confirm compliance with the Corporate expense reimbursement policy, the Corporate Vehicle Usage Policy and the travel-related paragraph of the Use of Wireless Communications Devices Policy for auto related expenses found on the Policy tab of this worksheet.

Employee  
Signature:

*[Signature]*

Send Check to:

Dave Washburn

Department:

Claims/Glen Allen





## MARKEL CORPORATION

FOR 2018 TRAVEL REIMBURSEMENT

Name	Dave Washburn	1202	Accounting Unit	106853	Date	August 3, 2018
Trip Location	Minneapolis, MN		Employee HR #	300362	Approver Signature	<i>[Signature]</i>
Please put an "X" in ONE of the appropriate box.					Approver Printed Name	Steve Boesen
Domestic Travel	<input checked="" type="checkbox"/>		For all travel expense reimbursements please do not combine domestic, foreign or training costs in one reimbursement request.			
Foreign Travel	<input type="checkbox"/>					
Training Travel	<input type="checkbox"/>					
Description of trip or event	Travel for recovery investigation on claim P014042					

Week 1	Date:	9-Jul-18	10-Jul-18					Week 2 Total	Total	Acct #
Taxi		\$59.31	\$54.00							
Rental Car Gas										
Tolls										
Parking		\$12.00	\$12.00							
Ground Trans.	Total:	\$71.31	\$66.00						\$137.31	652025 <input checked="" type="checkbox"/> D 652060 <input type="checkbox"/> F 652100 <input type="checkbox"/> T
Rental Car Expense										652029 <input type="checkbox"/> D 652061 <input type="checkbox"/> F 652105 <input type="checkbox"/> T
Personal Car Expense										
Miles Driven:	50.0	50.0								
Amount:	\$27.25	\$27.25							\$54.50	652028 <input checked="" type="checkbox"/> D/F 652110 <input type="checkbox"/> T
Commercial Air		\$1,106.32	\$25.00						\$1,131.32	652030 <input checked="" type="checkbox"/> D 652065 <input type="checkbox"/> F 652115 <input type="checkbox"/> T
Train										652027 <input type="checkbox"/> D/F 652100 <input type="checkbox"/> T
Hotel		\$319.76							\$319.76	652045 <input checked="" type="checkbox"/> D 652080 <input type="checkbox"/> F 652120 <input type="checkbox"/> T
Personal Meals	Breakfast:		\$17.00							
	Lunch:	\$20.00								
	Dinner:	\$25.00	\$24.00							
	Total:	\$45.00	\$41.00						\$86.00	652050 <input checked="" type="checkbox"/> D 652065 <input type="checkbox"/> F 652125 <input type="checkbox"/> T
Telephone										654005 <input type="checkbox"/> D/F 652130 <input type="checkbox"/> T
Marketing/Conventions										653070 <input type="checkbox"/> D/F
Entertainment										
Fill Out Entertainment/Other Expense form										652055 <input type="checkbox"/> D/T 652090 <input type="checkbox"/> F
Other Expenses									\$47.00	<input checked="" type="checkbox"/> D/F
Fill Out Entertainment/Other Expense form										
Total Expenses									\$1,775.89	
Adjustments										
Amount Due									\$1,775.89	

By signing this expense reimbursement form, you confirm compliance with the Corporate expense reimbursement policy, the Corporate Vehicle Usage Policy and the travel-related paragraph of the Use of Wireless Communications Devices Policy for auto related expenses found on the Policy tab of this worksheet.

Employee Signature: *[Signature]*

Send Check to: Dave Washburn  
Department: Claims/Glen Allen